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** CONTINUING DATA *****

NONE

** FOREIGN APPLICATIONS *****

NONE

Mam
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/15/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Met after Allowance <input type="checkbox"/> yes <input checked="" type="checkbox"/> no			
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i>	Initials: <i>[Initials]</i>			

ADDRESS

24201
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TITLE

Convertible delivery systems for medical devices

FILING FEE RECEIVED 1878	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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